

Certificate of Analysis

Skyline Mountain Special Services District

Attn: Roy Fox
2201 SMR
Fairview, UT 84629

Work Order: 24B0723
Phone: (801) 361-6227
Fax:
Email: smssd2013@gmail.com

Lab #: 24B0723-01

Sample ID: Lot C-49

Report to State: **Yes**

Sample Type: **Routine**

Sampled: 2/9/24 10:45

Sampled By: **Jeremy Fox**

Field Res. Chlorine: **Not Provided**

System #: **UTAH20043**

Sample Source: **DS001**

Sample Point: **DS001**

Repeat Lab:

Original Failure Date:

Parameter Name	Result	Units	Method	Test Started	Test Ended	Flags
Coliform, Total	Absent	Org/100 mL	EPA 9223B	2/9/2024 17:17	2/10/2024 13:05	
E. Coli	Absent	Org/100 mL	EPA 9223B	2/9/2024 17:17	2/10/2024 13:05	



Joyce Applegate, Project Manager

CHAIN OF CUSTODY - SAMPLE SUBMITTAL FORM

DRINKING WATER & MICRO



**CHEMTECH-FORD
LABORATORIES**

Chemtech-Ford Laboratories
- Drop-Off Location -
1384 W 130 S
Orem, UT, 84058
Phone: 801-229-2282

*Additional fees may apply

COMPANY: SMSSD

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____

CONTACT: Box Fox

EMAIL: _____

PROJECT: _____

PO Number: _____

INVOICE EMAIL ADDRESS: _____

***Rush Due Date**

State System # UTAH 20043

Send to State

Yes No

Sample Condition	Delivery Method
<input type="checkbox"/> Custody Seals	<input type="checkbox"/> USPS
<input checked="" type="checkbox"/> Container Intact	<input type="checkbox"/> FedEx
<input checked="" type="checkbox"/> COC/Labels Agree	<input type="checkbox"/> Chemtech-Ford Courier
<input checked="" type="checkbox"/> Received on Ice	<input type="checkbox"/> Client Courier
<input checked="" type="checkbox"/> Correct Containers	<input type="checkbox"/> Tracking #:

CLIENT SAMPLE INFORMATION			
Lab Use Only	LOCATION / IDENTIFICATION	DATE	TIME
<u>24B0123</u>		<u>2/9/24</u>	<u>10:45</u>
1.	<u>LOT C-49</u>		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

TESTS REQUESTED		BACTERIA	
Field: Residual Chlorine			
		Total Coliform + E coli (Present/Absent)	R = Routine
		Total Coliform + E coli (Enumerated)	I = Investigative
		HPC (Misc Bacteria Plate Count)	TR = Trigger Source
			RP = Repeat
			Repeat
			OR - Original
			UP - Upstream
			DN = Downstream
			Failed Sample
			Lab ID #

Sampled by: (print) Mr Jeremy Fox

Special Instructions: _____

Relinquished by: (signature) _____ Date/Time 2/9/24 1201

Relinquished by: (signature) _____ Date/Time 29-24 @ 1400

Relinquished by: (signature) _____ Date/Time 29/24 1458

Received by: (signature) _____ Date/Time 29-24 @ 1201

Received by: (signature) _____ Date/Time 29/24 1458

Received by: (signature) _____ Date/Time _____

ON ICE NOT ON ICE Temp (C°): 5.8

Samples received outside the EPA recommended temperature range of 0-6 C° may be rejected.

Payment Terms are net 30 days OAC. 1.5% interest charge per month (18% per annum). Client agrees to pay collection costs and attorney's fees.